RESPIRATORY ADMINISTRATIVE ORDER

Initiate immediate supportive care:

O2 to maintain sat ≥ 94 %

Complete primary and secondary survey as indicated

Vital Signs including **Capnography** (FSBG and temperature as indicated)

Cardiac Monitor if indicated

12-Lead ECG if indicated

Inclusion:

Dyspnea without trauma

Asthma

- Albuterol + Atrovent SVN
 - May repeat Albuterol, q5 minutes, max 3 doses (if patient >3 years old)
- Initiate IV with NS TKO
- Methylprednisolone (Solumedrol) 2mg/kg IV, up to 125mg total

If in significant distress, no improvement, or condition deteriorates

- *Epi 0.01mg/kg* of 1mg/1ml, to max of 0.5mg IM
 - Hold if ≥ 65yo, SBP >180, positive cardiac history, or if pregnant
 - May repeat dose for patients in extremis after 5 minutes
- Magnesium Sulfate 25mg/kg, to max of 2grams IVPB
 - Dilute in 100ml NS bag, administer over 15 min
 - Stop infusion if hypotension or bradycardia develops
- Consider initiating CPAP at 5cm H2O
 - May increase to 10cm H2O as needed
 - Use only in conjunction with SVNs

COPD

- Consider initiating CPAP at 5cm H2O
 - May increase to 10cm H2O as needed
- Albuterol + Atrovent SVN
 - May repeat *Albuterol*, q5 minutes, max 3 doses (if patient >3 years old)
 - Use in conjunction with CPAP
- Initiate IV with NS TKO
- Methylprednisolone (Solumedrol) 2mg/kg IV, up to 125mg total

CHF

If respiratory distress:

- Initiate **CPAP** at 5cm H2O
 - May increase to 10cm H2O as needed
- Initiate IV with NS TKO
- 12 Lead ECG

If SBP > 90:

- NTG 0.4mg SL q5 minutes x 3 doses
 - Check SBP between doses.
 - Hold if SBP < 90

All Patients:

Chewable Aspirin 324mg
 PO

Notification to include:

Respiratory Administrative Order, Disease Process, unit number, patient age, gender, and ETA to receiving facility.

Advise if patient is Unstable.